

REQUEST FORM

INFORMATION & EDUCATION RFA

Entities that want a copy of the Information and Education Program RFA should complete this form and mail it to the address below or fax it to (916) 657-1608. You may also request the RFA by e-mailing your name, title, agency, and address to ofpmailbox@dhs.ca.gov.

Attention: Martha Torres-Montoya, M.S.P.H.
Department of Health Services
Office of Family Planning
714 P Street, Room 440
P.O. Box 942732
Sacramento, CA 943234-7320

Name: _____ Title: _____

Agency: _____ Phone: _____

Office/Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

e-mail address: _____